

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-21762
STATE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 375 Primary Registration District No. 6284 Registrar's No. 18

FILED MAY 18 1962

VS 300
Rev. 4/59

1 1140
2 1140
3
4 0
5 1
6
7 0
8 2
94201
10
11
12 90-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Montgomery Township</u>		Length of stay in 1b <u>Life</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hartville - Route #5</u>		d. STREET ADDRESS (if outside, give location) <u>Rural Route #5</u>	
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>AUSTIN</u> Last <u>BENTON</u>		4. DATE OF DEATH Month <u>May</u> Day <u>5</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/6/1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <u>John Benton</u>		11b. MOTHER'S MAIDEN NAME <u>Harriet Hyde</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Chester Benton - Hartville, Missouri</u>		17. INFORMANT Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <u>April 14, 1961</u> to <u>April 28, 1962</u> and last saw him ^{her} alive on <u>April 28, 1962</u> Death occurred at <u>10:15 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. Q. Craig DO.</u> (Degree or title)		22b. ADDRESS <u>Mountain Grove, Missouri</u>	
22c. DATE SIGNED <u>5/12/62</u> (State)		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>5/7/1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cold Water Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Wright County, Missouri</u>		24. FUNERAL DIRECTOR <u>Barber Funeral Home - Mtn. Grove, Mo</u> ADDRESS _____	
25. DATE RECD. BY LOCAL REG. <u>May 15, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Bonnie J. Jones</u>	

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George Shapp

Licensed Embalmer No. 3161

P. O. Address W. H. Long, MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.